NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS) Please read the instruction before completing. Attach additional sheets if necessary AN 25 2010

ECEIVE

| | _ | | | | | OMN 42 6 | <i>j</i> 2.010 |
|--|--|----------------------------|---------------------------|---|----------------------------|-----------------------------------|-------------------------------|
| PERSONAL INFORMATION: | | | | | | COMMI ON ET | SSION HICS |
| NAME: AUGUSTA E. DORIAN | | LEN | GTH OF RES | IDENCE IN NE | VADA: | 50 | y 12 %. |
| ADDRESS: P.O. (30x' (0 & | | | | | | | |
| CITY, STATE, ZIP: OROVADA, NU. 87425 | | | | IDENCE IN DIS | TRICT | 50 Y | Rs. |
| TELEPHONE: 775-372-3273 | | E-M | | | | | |
| SECTION A (Public Office): List all public offices for which this fi and check each box accordingly i.e. annual, candidate or appoint | inancial d ntment fil | disclo ing. i | sure staten NRS 281A.6 | nent is require 320.1(g). | ed | | |
| Title of Public Office and Name of Government | Elected, appointed or appointed to elected | (E, A, AE) | Annual Compensation | Date efected or appointed | ANNUAL NRS 281A.600.1 & | CANDIDATE NRS 281A.610.1(a). | APPOINTMENT NRS 281A.600.1 |
| | | | | | Check the | e appropriate | boxes below |
| OROVADA GENERAL IMPROVENEN | - | \$ | NONE | 1-09 | | | i/ |
| PISTRICT | ······ | \$ | | | | <u> </u> | |
| | | P | | <u> </u> | | | <u> </u> |
| SECTION B (Sources of Income): List each source of your incor any member of your household who is 18 years of age or older. | ne (in ad NRS281 | lditio A.62 | n to any sou 0.1(b). | urce listed in S | Section / | } | at of Household Member |
| | | | | | | Check the appropriate boxes below | |
| SHELL STOTION-OROUADA | | | | | | a | Delow |
| | • | | | | | | |
| HARNEY ELECTRIC - OFFON ADA ORBITADA CEMETERY - ORGI | CADO | <u>}</u> | | | | | |
| SECTION C (Real Property): List specific location and particular which you or a member of your household has a legal or benefic more; and (3) located in this state or an adjacent state. NRS 281 Specific Location | use of a ial intere A.620.1(| ill rea est; (2 (c). | l estate (oth | ner than perso arket value of <u>Particular</u> | which is | dence): s \$2,500 | (1) in or |
| N. CORNER KINGS RIVER RO + 4. | 95 95 | | RENT | ED TO | P | Ø · | |
| | | | | | | NAME OF TAXABLE PARTY. | |
| | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | *** | •••• | |

| Name of Public Officer: AUGUST | A E. DORIAN | | |
|--|---|---|-----------------|
| SECTION D (Creditors): List each creditor to wh | nom you or a member of your household owes \$5,000 or moreour personal residence; and (2) debt on a motor vehicle for pe | e [EXCEPT: (1 ersonal use Househ | · |
| | | Self Memb | |
| | | Check the approp boxes | oria |
| NONE | | | |
| | | | |
| | | | |
| - | | | |
| value of \$200 from a donor during the preceding you within the third degree of consanguinity or a | or and value of each gift if all gifts received are in excess of arg taxable year [EXCEPT: (1) a gift received from a person whaffinity; and (2) ceremonial gifts received for a birthday, wedding on if the donor does not have a substantial interest in your leggen. | o is related to ng, gislative, | |
| Gift | <u>Donor</u> | Value of Gift | |
| YOKE. | \$ | W | |
| | \$ | <u> </u> | |
| - NATIONAL CONTRACTOR OF THE C | \$ | | |
| | | | |
| including a proprietorship, partnership, firm, bus you or a member of your household is involved | ness entity (i.e., organization or enterprise operated for economics estated the siness, trust joint venture, syndicate, corporation or association as a trustee, beneficiary of a trust, director, officer, owner in of stock or security representing 1% or more of the total outstated 81A.620.1(f). | on) with which whole or in par anding stock or House | rt, r eho |
| | | Self Mem Check the approp | |
| | | boxes boxes | hue |
| NONE | | | |
| | | | |
| | | | |
| THE INFORMATION I HAVE PROVIDED HERE | IN IS ACCURATE AND COMPLETE. | | |
| Date: | Signature: Augusta & Dorai A | ~ | •• |
| | Print Name: AUQUSTA E. DAGIA | ۸(| |
| WHERE TO FILE: | | | - |
| APPOINTED PUBLIC OFFICERS | ELECTED PUBLIC OFFICERS OR CANDIDATES | | |
| SUBMIT TO: Nevada Commission on Ethics | SUBMIT TO: | | |
| 3476 Executive Pointe Way, Suite 10 Carson City, Nevada 89706 775.687.5469 • 775.687.1279 fax | Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax | | |

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